FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 004 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005478

Principal Place of Business

REAL ESTATE CAPITAL INVESTORS CORP. V

C/O REAL ESTATE CAPITAL PARTNERS LP C/O REAL ESTATE CAPITAL PARTNERS LP 1185 AVE OF THE AMERICAS 1185 AVE OF THE AMERICAS DO NOT WRITE IN THIS SPACE NEW YORK NY 10036 NEW YORK NY 10036 3. Date Incorporated or Qualifed 12/02/1993 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 13-3742446 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State -\$5:00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. ☐ Yes 30 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 83 TALLAHASSEE FL 32301 City Zip Code R4 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition □ DELETE 1,1 TITLE TITLE D 1.2 NAME NAME SASS, MARTIN D 1185 AVE OF THE AMERICAS 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 1,4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE PV 2.2 NAME KINNEY, ROBERT L NAME 1185 AVE OF THE AMERICAS 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 2.4 CITY-ST-ZIE CITY-ST-Z/F Change Addition DELETE 3.1 TITLE Ď۷ TITLE NAME Shewer, Karin E 32 NAME 1185 AMERICAS OF THE AMERICAS 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition M DELETE 4.1 TITLE TITLE 4. 2 NAME NAME LAMLE, HUGH R 4.3 STREET ADDRESS 1185 AVE OF THE AMERICAS STREET ADDRESS NEW YORK NY CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE §1 TITLE TITLE 5.2 NAME WINTER, MARTIN E NAME 5.3 STREET ADDRESS 1185 AVE OF THE AMERICAS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NEW YORK NY

STONE, FRED M

NEW YORK NY

1185 AVE OF THE AMERICAS

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

[7] Addition